

Carlson Building Maintenance

PTO Form 10-21-2025

PTO Form				
Employee name:		Gera	rdo-Ascencio	
Employee number:	5002			
Department:	Service			
Manager:	Bob Kay			
Dates of absence:	From:	10-02-2025	To:	10-08-2025
Number of hours	42.0			
	N	Ianager Approval		
☑ Approval				
Comments:				
				10-21-2025
Manager Signature			Da	te