

Carlson Building Maintenance

PTO	Form

Employee name:		Noe -Cortes				
Employee number:		5163				
Department:		Service				
Manager:		Lino Huerta				
Dates of absence:	From:	06-18-2024	To:	06-19-2024		
Number of hours	6.0					

Manager Approval

☑ Approval

Comments: He requested this day for PTO

Anager Signature

06-24-2024

Date