

## **Carlson Building Maintenance**

PTO Form 10-17-2025

|                   |                 | PTO Form         |             |            |
|-------------------|-----------------|------------------|-------------|------------|
| Employee name:    |                 | Reg              | gina-Rendon |            |
| Employee number:  | 6300            |                  |             |            |
| Department:       | Operations      |                  |             |            |
| Manager:          | Roberto Cedillo |                  |             |            |
| Dates of absence: | From:           | 10-25-2025       | To:         | 10-25-2025 |
| Number of hours   | 6.5             |                  |             |            |
|                   | N               | Ianager Approval |             |            |
| Approval          |                 |                  |             |            |
| Comments:         |                 |                  |             |            |
|                   |                 |                  |             | 10-17-2025 |
| Manager Signature | Date            |                  |             |            |