



Carlson Building Maintenance

PTO Form

01-12-2024

PTO Form

Employee name: Tester-Testing

Employee number: 6423

Department: ServiceManager:

Joe Schaeppi Dates of absence:

From: 01-15-2024 To: 01-17-2024

Number of hours **24**

Manager Approval

Approval

Comments:

This is a test to see the alignment of the pdf file generated.

Manager Signature

01-12-2024

Date