



Carlson Building Maintenance

PTO Form

08-22-2025

PTO Form

Employee name: Mayra-Paredes

Employee number: 7014

Department: Service

Manager: Bob Kay

Dates of absence: From: 08-22-2025 To: 08-25-2025

Number of hours 22.8

Manager Approval

☒ Approval

Comments:

A handwritten signature in black ink, appearing to read 'Bob Kay', is written over a horizontal line.

Manager Signature

Date

08-22-2025