

Carlson Building Maintenance

PTO Form

04-04-2026

PTO Form

Employee name: Test Employee

Employee number: 99999

Department: Operations

Manager: Integration Test

Dates of absence: From: 04-12-2026 To: 04-13-2026

Number of hours 8.0

Manager Approval

Approval

Comments:

Integration test - PTO request



Manager Signature



04-04-2026

Date