



# Carlson Building Maintenance

## Backpay Form

10-11-2025

### Backpay Form

Employee name: Ramon Lopez Employee number: 10768

**Missed Pay (to be added through the employee's next generated check):**

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
09-08-2025	05:00 AM	No Time	No Time	10:30 AM	5.00 hrs
09-14-2025	05:00 AM	No Time	No Time	10:30 AM	5.00 hrs

**Location:** 616 T0807 Oshkosh WI

**Reason this pay was missed:** \_\_\_\_\_

**\*\*Signature/Approval - Please make sure to sign and print your name before turning in this form.**

Joe Schaeppi  
Manager

Manager Signature

10-11-2025  
Date