



# Carlson Building Maintenance

**Backpay Form**

**12-30-2024**

## Backpay Form

Employee name:                     Vanesa Vargas                     Employee number:           11790          

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

| Date:      | In:      | Left for lunch: | Return from lunch: | Out:     | Total hours: |
|------------|----------|-----------------|--------------------|----------|--------------|
| 12-13-2024 | 05:00 AM | No Time         | No Time            | 09:52 AM | 4.00 hrs     |

**Location:**           893 Nordstrom Full Line MOA          

**Reason this pay was missed:**           she help us to cover this store          

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

Joe Schaeppi  
Manager

Manager Signature

12-30-2024  
Date