

Carlson Building Maintenance

Backpay Form

03-19-2026

Backpay Form

Employee name: Julia Lopez Employee number: 14400

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
02-21-2026	11:00 PM	No Time	No Time	04:30 AM	5.00 hrs

Location: 219 Meijer Howard 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

03-19-2026
Date