



Carlson Building Maintenance

Backpay Form

06-30-2025

Backpay Form

Employee name: Lucas Galan Employee number: 14484

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

| Date: | In: | Left for lunch: | Return from lunch: | Out: | Total hours: |
|------------|----------|-----------------|--------------------|----------|--------------|
| 06-10-2025 | 09:00 PM | 01:32 AM | 01:32 AM | 02:00 AM | -19.00 hrs |

Location: 330 Festival Foods Hartford, 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

A handwritten signature in black ink, appearing to read 'Joe Schaeppi', written over a horizontal line.

Manager Signature

06-30-2025

Date