

Carlson Building Maintenance

Backpay Form

02-20-2026

Backpay Form

Employee name: Noemi De Paz Calate Employee number: 14547

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
01-27-2026	11:00 PM	No Time	No Time	04:45 AM	5.00 hrs

Location: 211 Meijer Grafton 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

02-20-2026
Date