



Carlson Building Maintenance

Backpay Form

08-19-2024

Backpay Form

Employee name: nancy licta vega Employee number: 14619

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
08-10-2024	07:00 AM	No Time	No Time	03:00 PM	8.00 hrs

Location: 495 Holiday Inn Alexandria, MN

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

08-19-2024
Date