



Carlson Building Maintenance

Backpay Form

03-01-2024

Backpay Form

Employee name: marisol licta Employee number: 15083

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
02-11-2024	09:30 AM	No Time	No Time	05:30 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.**

<u>Joe Schaeppi</u>		<u>03-01-2024</u>
Manager	Manager Signature	Date