



Carlson Building Maintenance

Backpay Form

07-09-2024

Backpay Form

Employee name: myriam 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:
06-19-2024	08:00 AM	No Time	No Time	02:42 PM	6.00 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

07-09-2024
Date