

Manager

Carlson Building Maintenance

Backpay Form 02-19-2024

Backpay Form					
Employee name:		Juan Lopez	Employee number:		15144
Missed Pay (to be added through the employee's next generated check):					
Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
02-01-2024	05:00 AM	08:00 AM	08:30 AM	10:30 AM	4.50 hrs
02-02-2024	05:00 AM	08:00 AM	08:30 AM	10:30 AM	4.50 hrs
02-03-2024	05:00 AM	08:00 AM	08:30 AM	10:30 AM	-378.50 hrs
Location: Reason thi		•	watosa), WI #282 FD		iven
**Signature this form.	e/Approval -	Please make sure t	to sign and print your	name bef	ore turning in
Joe Schaep	pi h		7	(02-19-2024

Manager Signature

Date