



Carlson Building Maintenance

Backpay Form

10-21-2024

Backpay Form

Employee name: Wilian Canahui Employee number: 15192

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
09-14-2024	05:30 AM	09:43 AM	09:43 AM	10:45 AM	5.00 hrs

Location: 619 T0863 Menomonee Falls WI

Reason this pay was missed: Employee states he is missing pay from 09/14

****Signature/Approval - Please make sure to sign and print your name before turning in this form.**

Joe Schaeppi
Manager

Manager Signature

10-21-2024
Date