



Carlson Building Maintenance

Backpay Form

09-16-2025

Backpay Form

Employee name: Nancy Lema Employee number: 15460

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
08-26-2025	05:00 AM	No Time	No Time	10:00 AM	5.00 hrs
08-27-2025	05:00 AM	No Time	No Time	10:00 AM	-475.00 hrs

Location: 592 T0862 Chanhassen MN

Reason this pay was missed: this EE missing time

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

Joe Schaeppi
Manager

Manager Signature

09-16-2025
Date