



Carlson Building Maintenance

Backpay Form

09-16-2025

Backpay Form

Employee name: Maria Valle Employee number: 16054

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
08-04-2025	04:32 AM	No Time	No Time	11:27 AM	6.00 hrs

Location: 501 T0804 Mason City IA

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