



Carlson Building Maintenance

Backpay Form

07-21-2025

Backpay Form

Employee name: Edwin Rodriguez Employee number: 16073

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
07-11-2025	06:00 AM	No Time	No Time	11:00 AM	5.00 hrs

Location: 645 T0152 Racine WI

Reason this pay was missed: _____

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

Joe Schaeppi

A handwritten signature in black ink, appearing to be 'JS' or similar initials, written over a horizontal line.

Manager

Manager Signature

07-21-2025

Date