



Carlson Building Maintenance

Backpay Form

09-22-2025

Backpay Form

Employee name: Lissette Aragon Employee number: 16112

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
07-24-2025	11:00 AM	12:00 PM	12:30 PM	07:30 PM	7.50 hrs

Location: 899 Nordstrom Old Orchard

Reason this pay was missed: _____

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

Joe Schaeppi

Manager

A handwritten signature in black ink, appearing to read 'Joe Schaeppi', written over a horizontal line.

Manager Signature

09-22-2025

Date