



# Carlson Building Maintenance

## Backpay Form

08-18-2025

### Backpay Form

Employee name: Oscar Employee number: 16162

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

Date:	In:	Left for lunch:	Return from lunch:	Out:	Total hours:
08-09-2025	11:00 PM	No Time	No Time	03:00 AM	4.00 hrs

**Location:** 329 Festival Foods West Allis, WI

**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 be 'J M'.

Manager Signature

08-18-2025

Date