UCSD CASPO - BI-WEEKLY TIME RECORD

Dept: CASPO

7/30/17-8/12/17	
Pay Period Dates	

TIMESHEET DUE DATE: 8/11/17

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME *for OT, TUE WED THU FRI SAT SUN MON TUE **WED** THU FRI SAT SUN MON Index indicate C-8/12 7/30 7/31 8/1 8/2 8/3 8/4 8/5 8/6 8/7 8/8 8/9 8/10 8/11 **Total** comp or P-39.75 8.25 4.50 3.00 4.25 5.25 4.00 2.50 6.00 2.00 Reg. hours CAP258R OT:___ Reg. hours OT:____ Reg. hours OT:___ Reg. hours OT:___ Reg. hours OT:_ 8.25 4.50 3.00 4.25 5.25 4.00 2.50 6.00 2.00 39.75 **Total Hours Worked:** Paid Time Off: Sick Leave Paid Time Off: Vacation Paid Time Off: Holiday Misc. Leave: *_____ *J-Jury Duty, N-No Pa

Please Sign, Date & Return to: CASPO HR, Mail Code 0234, Fax 858.822.4379

Carl Demolder Date: 08/11/17	HR Office	Use Only:								
Employee Signature	Index	REG	SOT	POT	SICK	VAC	HOL	*	Recharge	
									Timekeep.	
Date:										
Supervisor/P.I. Signature										
I certify that this report represents a reasonable estimate of the actual effort expended										
during the period reported.										